



# Maricopa County

Air Quality Department

Deliver or Mail all Applications to:

MCAQD  
Permit Application Intake  
1001 N Central Avenue, Suite 125  
Phoenix AZ 85004

Air Quality Department Offices  
Phone: (602) 506-6010

Web Site: <http://www.maricopa.gov/airquality>

## NOTIFICATION OF MINOR MODIFICATION AT A CURRENTLY PERMITTED FACILITY

JAN 21 2015

MARICOPA COUNTY  
AIR QUALITY DEPARTMENT

Per Rule 220, Section 405 and Section 406, this notification must be submitted for a currently permitted facility for a minor permit revision. This notification is not required for changes in work schedules or relocation of equipment for similar use within a permitted facility.

Submit this notification prior to making the modifications. If confidentiality is claimed pursuant to ARS §49-487, a fully completed application with confidential information clearly identified along with a separate copy of the application for public review without the confidential information and a written justification for the confidentiality claimed must be submitted. Complete both sides by typing or printing legibly. A filing fee of **\$200.00** must accompany your application (make checks payable to MCAQD). If the application is submitted as a result of receiving a notice of violation (NOV), an additional **\$100.00** late fee must accompany the application. Before the permit is issued, the Permittee will be billed for all permit processing time required for a billable permit action at a rate of \$150.00 per hour, adjusted annually under Department Rule 280 (Fees), §304. An annual administrative fee will also be charged per Rule 280, §302.2. For questions regarding billing, call (602) 372-1071.

BUSINESS NAME: BUILDING PRODUCTS COMPANY, LLC		EXISTING <u>AIR QUALITY</u> <u>PERMIT NUMBER</u> FOR THIS SITE: 000002 - 406061	
ADDRESS OF SITE: 4850 W. BUCKEYE ROAD			
CITY: PHOENIX	STATE: AZ	ZIP CODE: 85005	TELEPHONE AT SITE: 602 272 5576
CONTACT PERSON: JON HUMPREYS			
MAILING ADDRESS: 4850 W. BUCKEYE ROAD			
CITY: PHOENIX	STATE: AZ	ZIP CODE: 85005	TELEPHONE: 602 272 5576
FAX: 602 269 7433		E-MAIL: BPCJON@YAHOO.COM	

BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION IN THIS DOCUMENT ARE TRUE, ACCURATE, AND COMPLETE

DATE 1/15/2015 SIGNATURE OF OWNER OR  
RESPONSIBLE OFFICIAL OF BUSINESS

TYPE OR PRINT NAME AND TITLE JON HUMPREYS, PLANT MANAGER

DO NOT WRITE IN THIS SPACE.

REVIEWED BY DATE

☐ APPROVED

☐ DENIED

REASON FOR  
DENIAL:

1. NARRATIVE DESCRIPTION OF THE PROPOSED MODIFICATION: \_\_\_\_\_

REPLACED INFRARED HEATERS (QTY OF 10) WITH NEW MAXON APX BURNERS (QTY OF 2).

2. PROVIDE A LIST OF EQUIPMENT AND EMISSION CONTROL DEVICES WHICH WILL BE INSTALLED OR MODIFIED:

ASSIGNED EQUIPMENT NUMBER	DESCRIBE EACH PIECE OF EQUIPMENT INCLUDE MAKE & MODEL	DATE OF INSTALLATION OR MODIFICATION	HOW MANY	HP, KVA GALLONS OR OTHER RATING (Specify Units)	EXHAUST	
					VENT TO AIR	VENT TO CONTROL (Identify)
J-1	MAXON APX BURNER	2000	2	1,000,000 BTU/HR	X	

3. MATERIALS LIST: List all materials handled, stored, processed, used, mixed, treated, or emitted. Include chemicals, mixtures, resins, cleaning compounds, etc., in this list. Identify each material in sufficient detail and provide material safety data sheets (MSDS).

MATERIAL	ANNUAL USAGE OR THROUGHPUT	CHEMICAL COMPOSITION (% by weight)	EQUIPMENT NUMBER IN WHICH USED

4. DESCRIBE CONTROL DEVICES

TYPE OF DEVICE	NAME / ID	GAS FLOW RATE SCFM	LIQUID FLOW RATE GAL/MIN	CONTROL EFFICIENCY (% WEIGHT)

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5. MATERIALS RECLAIMED OR SHIPPED AS WASTE:


IF APPLICABLE, COMPLETE THE ATTACHED SECTION Z-M.